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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/698,113	10/31/2003	Kenneth R. Guaragno	8927 EXAMINER		
23439	7590 08/30/2006				
DENTSPLY INTERNATIONAL INC 570 WEST COLLEGE AVENUE			KILKENNY, PATRICK J		
YORK, PA			ART UNIT	PAPER NUMBER	
			3732		
			DATE MAILED: 08/30/2006		

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No. Applicant(s)		
Supplemental	10/698,113	GUARAGNO ET AL.	
Notice of Allowability	Examiner	Art Unit .	
	Patrick J. Kilkenny	3732	
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	Patrick J. Kilkenny	3732						
The MAILING DATE of this communication appears on the cover sheet with the correspondence address All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308.								
1. 🛮 This communication is responsive to the amdended claims	filed 5/17/2006.							
2. The allowed claim(s) is/are 1,3-6 and 8-10.								
3. Acknowledgment is made of a claim for foreign priority uner a) All b) Some* c) None of the: 1. Certified copies of the priority documents have 2. Certified copies of the priority documents have 3. Copies of the certified copies of the priority documents have International Bureau (PCT Rule 17.2(a)). * Certified copies not received: Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONM THIS THREE-MONTH PERIOD IS NOT EXTENDABLE. 4. A SUBSTITUTE OATH OR DECLARATION must be subminsformal PATENT APPLICATION (PTO-152) which give including changes required by the Notice of Draftspers 1) hereto or 2) to Paper No./Mail Date (b) including changes required by the attached Examiner's Paper No./Mail Date Identifying indicia such as the application number (see 37 CFR 1 each sheet. Replacement sheet(s) should be labeled as such in time. 6. DEPOSIT OF and/or INFORMATION about the deposit attached Examiner's comment regarding REQUIREMENT.	been received. been received in Application No cuments have been received in this received in the ceived in the received in the ceived in the received in the ceived in this received in this receiv	national stage applical complying with the red is AMENDMENT or Nation is deficient. 948) attached office action of the lags in the front (not the lags in the submitted. It is not the lags in the submitted. It	quirements					
Attachment(s) 1. ☐ Notice of References Cited (PTO-892)	5. Notice of Informal P	5. Notice of Informal Patent Application (PTO-152)						
2. Notice of Draftperson's Patent Drawing Review (PTO-948)		6. Interview Summary (PTO-413),						
3. Information Disclosure Statements (PTO-1449 or PTO/SB/0 Paper No./Mail Date 4. Examiner's Comment Regarding Requirement for Deposit of Biological Material	Paper No./Mail Dai 98), 7. ⊠ Examiner's Amendr 8. □ Examiner's Statemen 9. □ Other	ment/Comment	owance					

EXAMINER'S AMENDMENT

An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the issue fee.

Authorization for this examiner's amendment was given in a telephone interview with Daniel Sullivan on 8/29/2006.

The application has been amended as follows based upon the amended claims of 5/17/2006:

Claim 3. (Original) The dental scaler system of claim 2 1 wherein said housing further comprises a control side, said control side is integrally connected to first base side, said control side is integrally connected to said second base side, and said control side is integrally connected to said holder side.

Claim 4. (Original) The dental scaler system of claim 2 1 wherein said holder side has a holder with at least one grip, and said grip is adapted to retain said scaler handpiece.

Claim 8. (Original) The dental scaler system of claim 7 6 wherein said housing further comprises a control side, said control side is integrally connected to first base side, said control side is integrally connected to said second base side, and said control side is integrally connected to said holder side.

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Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Patrick J. Kilkenny whose telephone number is (571)

272-8684. The examiner can normally be reached on Mon-Fri, 8-5:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Chris Rodriguez can be reached on (571) 272-4964. The fax phone number

for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the

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system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

Patrick J. Kilkenny

CRIS L. RODRIGUEZ

PRIMARY EXAMINER